

UINTAH COUNTY AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE (TO BE COMPLETED BY VOLUNTEER)

Name:

Address:

Phone Numbers:

Emergency Contact Information:

Phone Numbers:

Address:

1. I have reviewed the Work Description and amount of time required.
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the County or I may cancel this agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice and picture in any media coverage of my service.
5. I hereby declare that I am in able to perform the duties as described in the Work Description.
6. I understand that, if I am injured or involved in an accident while acting in a voluntary capacity, I must report the injury to my supervisor within twenty four (24) hours and the County's worker's compensation carrier will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered.
7. I understand I may be subject to a criminal record check or other background investigation.
8. I understand that I must abide by Uintah County's latest revision of the Code of Conduct policy on record in the HR office.

AGREEMENTS & APPROVALS:

I hereby volunteer my services, as described in the Work Description, to assist Uintah County in its authorized work.

Volunteer Signature

Date

I am authorized to allow volunteer services of the individual above

Signature of Parent/Guardian if volunteer is under age 18

Date

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office within 24 hours of the injury.

Supervisor Signature

Date

Uintah County accepts you as a volunteer and recognizes your rights under UCA 67-20 and authorizes you to work as a volunteer according to the attached Work Description.

HR Director Signature

Date

VOLUNTEER WORK DESCRIPTION

JOB TITLE:

WORK LOCATION:

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands—use reverse side of form if necessary)

If volunteer will be operating a County vehicle, a copy of a valid Utah Driver's License must be attached.

TIME REQUIRED:

Hours per day (if applicable): Days of the week (if applicable):

Total time commitment (hours, days, weeks, or months):